City of Brookhaven, Mississippi Water Department Cross Connect Survey Form

Nam	e:							
Com	pany/Org	anization:						
Addr	ess of pre	emise that survey relates to:						
City:		Zip Code:						
Phon	ne:		E-mail:					
Desc	cription of	Facility (Check one below)						
Re	esidential	Apartments W	_ units	Offices		Church	Hotel	/Lodging
Fι	uneral Ho	me Beauty/Barber Shop		Laundry/Dry	/ Cle	aners Garde	n Center	Car Wash
Fo	ood Service Dept. Store/General Merchai			dise Medical/Dental Clinic				
O ⁺	ther: Plea	ase describe						
М	anufactu	ring : Please describe types of good	ds being m	nade				
Pleas	se chec	k ALL boxes that apply/be	est descr	ibe the us	e of	water at vou	r facility.	
		, , , , , , , , , , , , , , , , , , ,				,		
		Boiler			Swi	imming Pool		
	Water recirculating systems (i.e Air Conditioning Chillers or Towers)			Υ	N	Was this pool and plumbing profe		professionally installe
	Connected to a manufacturing process				· · · · · ·			
		G.			Drii	nking Water Fount	ain	
	Auxil	ary water supplies or private well		Υ	Ν	Was this founta	inprofession	ally installed?
	Laboratory and aspirator equipment				Fire	e Sprinkler System		
		y Sinks with Threaded Faucet		Y	N	Is this a dry pipe or water only system?		
		r heat systems		Y	N	Are any chemica		
	Tankless Toilets			Υ	N	Was this system	professiona	ally installed?
	Photo developing equipment.				Carbonated Beverage Dispens		e Dispenser	er
.,		n Sprinkler System						
Y	N	Was this professionally installed '						
Y	N	Does this have chemical injection	1?					
Y	N	Are there backflow pre	vention	devices ins	stal	led on vour pl	umbina s	vstem?
		·						,
		If so, how many device	s are ins	stalled at t	his	location		
£ 1	l.£l			I				
		revention devices are installed						
/lissis	sippi Šta	ate Department of Health tha	at they b	e tested an	nua	lly by a certifie	ed backflov	v prevention
/lissis issem	sippi Šta ably test	ate Department of Health thater. A list of these certified inc	at they b dividuals i	e tested an s available	nua at th	lly by a certifie ne URL <u>msdh.m</u>	ed backflov s.gov/BPA	v prevention <u>T/.</u> Copies of
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Signature of Authorized Representative of this Establishment